

**State of Connecticut
Department of Children and Families**



Confirmation of Financial Assistance

College Name
Business Office
Address
City, State, Zip

DATE

Re: **NAME, (Student ID#, SS# or Date of Birth)**

To Whom It May Concern:

This is to inform you that the State of Connecticut Department of Children and Families is providing services to **STUDENT'S NAME, DOB: / /** while **he/she** remains in good academic standing pursuant to DCF Policy 42-4, "Post-Secondary Education" and is in an approved educational program.

The Department of Children and Families' funding is limited to the Connecticut State University "Cost of Attendance" rate for tuition and fees for the () school year. The total annual post-secondary funding shall not exceed the DCF funding limit which includes tuition, books, computer, living and housing expenses and any other cost associated to **his/her** post-secondary experience. Any remaining balance is the sole responsibility of the student. Please provide a bill for the **(Fall/Spring)** semester to me as soon as possible after financial aid is received so it can be processed for payment.

If you have any questions please contact me at phone # . My fax number is fax # .
Thank you for your cooperation in this matter.

Sincerely,

Name
Adolescent Specialist
Department of Children and Families

Address

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